



# LINGFIELD PRIMARY SCHOOL

Partners in Learning

## NURSERY ADMISSION FORM

- Please note that completing this form does not guarantee a place
- Please fill in the form in block capitals then sign it
- Please return the form to the nursery school/unit as soon as possible
- You will be notified in the Spring Term if your child has been allocated a place for the following September
- Please contact the school if you have any questions concerning completion of the form

Child's family name:..... Gender:.....

First names:..... Date of birth:.....

Name by which child is to be called:.....

Parent/carer's name(s): (Mr/Mrs/Ms/Miss).....

Child's permanent address:.....

Post code:..... Daytime phone no.:.....

Does your child have special educational needs? Yes/No (please delete one)

If yes, please attach written evidence from a health professional, social worker, educational psychologist or education welfare officer.

Has your child been supported by Social Services, Speech Therapist, Educational Psychologist, Portage, Child and Family Guidance?

If so how?.....

Does your child have social needs? Yes/No (please delete one)

If so please give details:.....

Name & ages of brothers & sisters (if any), including step brothers and sisters living in the same family unit.

	NAME	AGE
1		
2		
3		
4		
5		

Have they any significant disabilities? Yes/No (please delete one)

(if so give details).....

.....

Position of child in family: (eg. the oldest is 1):.....

Children normally enter the Nursery during the September or October of the school year in which they are four (a school year goes from September - August).

Session preference: (please delete one)      Option 1: All day Monday & Tuesday & AM Wednesday

Option 2: PM Wednesday & all day Thursday & Friday

Reason for preference:.....

### Other Information

What language does your child speak at home?.....

Is there any additional information you would like to share?.....

**I certify that the information I have given on this form is correct to the best of my knowledge. I understand that any place offered may be withdrawn if I deliberately give false information.**

Parent's/Carer's names(s): (Mr/Mrs/Ms/Miss).....

Signature of parent/carers:..... Date:.....